INTERNET FORM NLRB-501 (11-94) UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD

FORM EXEMPT UNDER 44 U.S.C. 3512

DO NOT WRITE IN THIS SPACE

CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
37-CA-73677	May 4, 2007		

TRUCTIONS:

rile an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

occurred or is occurring.			
1. EMPLOYER A	GAINST WHOM CHARGE IS BROUGHT		
a. Name of Employer		b. Number of Work	ers Employed
Kaiser Permanente		1900	
c. Address (street, city, State, ZIP, Code)	d. Employer Representative	e. Telephone No.	
1441 Kapiolani Blvd. 17th Floor	Glim 1 x - 11	808-422-0000	
Honolulu, HI 96814	Clifford Jamile	Fax No.	
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify Principal Product or Service	1	
Hospital	Health Care		
The above-named employer has engaged in and is engaging in unsubsections) (1) practices are unfair practices affecting commerce within the mean	of the National Labor R	B(a), subsections (1) and elations Act, and these	
2. Basis of the Charge (set forth a clear and concise statement of the	ne facts constituting the alleged unfair labor practic	es.)	
The above named Employer, through it's representative (b) monetary loss if they failed to comply with UNITE HERE	(6), (b) (7)(C), did harass, threaten and coerd Local 5's demand for reaffirmation of their	e non-members of L non-member status.	ocal 5 with
		HONOLULU. HAWAII	NLRB SUB-REGION 37 2007 MAY -4 AM 7: 51
By the above and other acts, the above-named employer has guaranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization, give full ner Hawaii Hospital and Health Care Workers Union  4a. Address (street and number, city, State, and ZIP Code)		yees in the exercise of	the rights
		808-256-1466	
PO Box 75125, Honolulu, HI 96836		Fax No.	
Full name of national or international labor organization of which     I declare that I have read the above charge and	6. DECLARATION		
W X O hother	President		
(Signature of representative of person making charge)		(Title,if any)	· · · · · · · · · · · · · · · · · · ·
	Fax No. 808-537-56	90	27
PO Box 75125, Honolulu, HI 96836	808-256-1466	5/1/200	
1	(Telephone N	VO.J	Date

INTERNET FORM NLR8-501 (11-04)

Address

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 84 U.S.C. S	IJŧ;
DO NOT W	VRITE IN THIS SPACE	
Case 37-CA-7368	Date Filed May 7, 2007	

INSTRUCTIONS:		37-CA-7368	May 7,		
File an original and 4 copies of this charge with NLRB occurred or is occurring.	Regional Director for the	e region in which	n the alleged unfair la	abor practice	:
	AGAINST WHOM CHARGE	IS BROUGHT		<del></del>	_
a. Name of Employer			b. Number of Worker	rs Employed	ᅱ
Oceanic Time Warner Cable (OTWC)			500	F. 4.	
c. Address (street, city, State, ZIP, Code)	d. Employer Representat	lve	s. Telephone No.		-
200 Akamainui Street Mililani, III 96789	Norman Santos		(808) 625-8341		
			Fax No. (808) 627-0536	j	
Type of Establishment (factory, mine, wholesaler, etc.)     Cable entertainment and phone provider	g. Identity Principal Produ		,		
h. The above-named employer has engaged in and is engaging in u	Cable TV and commu		S(a) aubacetton (4) and (	Start .	_
subsections) 8(a) 1 & 2	۵		elations Act, and these un		
practices are unfair practices affecting commerce within the mea	-				
2. Basis of the Charge (set forth a clear and concise statement of the		ad unfair labor practic	05.)		
OTWC coercing and interfering with membership enrollm	ient.				
				-	1
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				<b>=</b>	
				2007 MAY -7	f.7
				-7	Ţ
			·	PR (	Ť,
			HONOLULU, HAWAII	ز خد آ سد	76 NOW 37
					7
				===	37
By the above and other acts, the above-named employer has	Interfered with, restrained,	and coerced amploy	yees in the exercise of th	ve rights	
guaranteed in Section 7 of the Act.  3. Full name of party filing charge (if labor organization, give full name)	me Including local name and	number)	<del></del>		+
Peter Akamu	ille incidently local hame end	Tullipery			
4a. Address (street and number, city, State, and ZIP Code)			4b. Telephone No.		+-
1935 Hau Street Room 401			(808) 847-5341		$\perp$
Honolulu, HI 96819			(808) 847-2224		
5. Full name of national or international labor organization of which	it is an affiliate or constituent	unit (to be filled in whe		or organization)	T
International Brotherhood of Electrical Workers					}
	6, DECLARATION				7
I declare that I have read the above charge and	d that the statements are tr				
By City Hear		Business R	epresentative		.
(Signature of representative or person making charge)	F	BX No. (808) 847-2	(Title,if eny)		
1935 Hau St. Room 401 Honolulu, HI 96819		8(18) 847-5341	May 7, 2	007	_

(Telephone No.)

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### FORM EXEMPT UNDER 44 U.S.C. 3512

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

### CHARGE AGAINST EMPLOYER

1 011111 1-1	VII 1 ONDER 44 0.0.0. 0012
DO NOT WRITE	IN THIS SPACE
Case	Date Filed
37-CA-7369	May 8, 2007

**NSTRUCTIONS** 

ïle	an original	l and 4 copie	es of this c	harge with	NLRB Reg	jional Dire	ctor for
ha	region in w	hich the alle	ictru han	r lahor prac	fice occur	rad or is o	ccurring

ile an original and 4 copies of this charge with NLRB Regional Directive region in which the alleged unfair labor practice occurred or is of		
	WHOM CHARGE IS BROUGHT	
a. Name of Employer	WHOM OF THE CO.	b. Number of workers employed
PBH Management LLC dba Pacific Beach Hotel		450 (+)
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.
140 Liliuokalani Ave., Honolulu, HI	Melvyn M. Wilinsky	808-922-1233
96815	Regional Vice-President	Fax
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	
Hotel	Hotel/Guest Services	
h. The above-named employer has engaged in and is engaging in unfai subsection (1) & (5)	r labor practices within the meaning of of the National Labor Relations A	section 8(a), ct, and these unfair labor practices are
unfair practices affecting commerce within the meaning of the Act.	or the reasonal East resident	
Basis of the Charge (set forth a clear and concise statement or	f the facts constituting the alleged unfa	ir labor practices)
Commencing on or about April 17, 2007 and refused to provide to the Union information bargaining negotiations with the Employer/Dunion requested that the Employer comply will Union and sought information from the Employment for bargaining unit members repeated to submit a complete copy of signatory with Koa Management LLC, a Delaw Beach Corporation, a Hawaii corporation refusal to provide the necessary inforcircumstances, which began on or about Jupresent. (See 37-CA-7357).	on necessary to conduct Employer Representative. It its duty to bargain ployer to substantiate gotiations as well as to resented by the ILWU, the contract of which have limited liability can its sole member. The primation is one actionary 1, 2007, and can be actionally to the contract of the contract	meaningful collective On April 17, 2007 the in good faith with the the correct corporate terms and conditions of Local 142. The Employer PBH Management LLC is a company of which Pacific me Employer's continued in the totality of continuing until to the
By the above and other acts, the above-na and coerced employees in the exercise of the state of		
The Union seeks interim 10(J) relief requiabove unlawful conduct, and also seek interfering with, restraining, or coercing guaranteed them by Section 7 of the Act, committing further violations of the Act.	s an Order prohibiti the employees in the e	ng the Employer from xercise of their rights
3. Full name of party filing charge (if labor organization, give full name,		
International Longshore and Warehouse Unio: 4a. Address (street and number, city, state and ZIP code)	n, Local 142	4b. Telephone No.
451 Atkinson Drive, Honolulu, HI 96814		(808) 949-4161
asi nekinden bilve, nenotata, ni soota		(808) 955-1915 Fax
5. Full name of national or international labor organization of which it is	an affiliate or constituent unit (to be fille	ed in when charge is filed
by a labor organization.	shore and Warehouse Uni	On
6. DECLARATION I declare that have read the above charge and that the Danny J. Vascondell of		
By	Title: A	ttorney
Signature of representative or person making charge		<u>-</u>
Address Takahashi yasconcellos & Covert 345 Queen Street, Room 506, Honolulu, HI 9681	Telephone No. 526-3003 _3   434,4944 flax	IN 1916 OH, 2007

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 191): Z Hd 8- XVII LULL

INTERNET FORM NLRB-501 (11-94)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

	FORM EXEMPT UNDER 44 U.S.C. 3512		
DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
37-CA-7370	May 8, 2007		

**YSTRUCTIONS:** 

le an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice

a Name of	1, EMPLOYER AC	GAINST WHOM CHARGE IS BROUGHT	
	Employer		b. Number of Workers Employed
Kuakini M	ledical Center		Approx. 1000
c. Address	(street, city, State, ZIP, Code)	d. Employer Representative	e. Telephone No.
	Kuakini Street	Darlene Blevins, Dir. of Human Resources	808-537-9148 Fax No.
Honolulu,	HI 96817	Santone Browning Brill of Hamain Feetballees	T &X NO.
f. Type of E Hospital	stablishment (factory, mine, wholesaler, etc.)	g. Identify Principal Product or Service Health Care	
subsecti	ve-named employer has engaged in and is engaging in un ions) (5)	of the National Labor Rela	), subsections (1) and (list tions Act, and these unfair labor
<u>·</u>	s are unfair practices affecting commerce within the mean		
	the Charge (set forth a clear and concise statement of th		
	(709) 2007, the employer, Kuakini Medical Center ion affiliation.	, violated Section o(a) (1) of the Act, by thise	minating against a union memori
			RECEIVED NLRB SUR-REGION 37 2007 MAY -8 PM 3: 55 HONOLULU, HAWAII
			7
guarantee 3. Full nam	ove and other acts, the above-named employer has it ad in Section 7 of the Act. The of party filling charge (if labor organization, give full name turses' Association		es in the exercise of the rights
guarantee 3. Full nam Hawaii N	ed in Section 7 of the Act. ne of party filing charge (if labor organization, give full name	e, including local name and number)	4b. Telephone No.
guarantee 3. Full nam Hawaii N 4a. Addres	ed in Section 7 of the Act.  The of party filing charge (if labor organization, give full name turses' Association	e, including local name and number)	4b. Telephone No. 808-531-8361
guarantee 3. Full nam Hawaii N 4a. Addres	ed in Section 7 of the Act.  The of party filing charge (if labor organization, give full name furses' Association  The section of the Act.  The s	e, including local name and number)	4b. Telephone No.
guarantee 3. Full nam Hawaii N 4a. Addres 677 Ala N 5. Full nam	d in Section 7 of the Act.  The of party filling charge (if labor organization, give full name larses' Association  The section of the Act.  The of party filling charge (if labor organization, give full name larges) and the section of the section of the Act.  The of party filling charge (if labor organization of which it is section of the Act.)  The of national or international labor organization of which it is section of the Act.	is an affiliate or constituent unit (to be filled in when	4b. Telephone No. 808-531-8361 Fax No. 808-524-2760
guarantee 3. Full nam Hawaii N 4a. Addres 677 Ala N 5. Full nam	nd in Section 7 of the Act. The of party filing charge (if labor organization, give full name lurses' Association The section of the Act.  Section 1 of the Act.  The section 2 of the Act.  The section 2 of the Act.  The section 3 of the Act.  The section 3 of the Act.  The section 7 of the	is an affiliate or constituent unit (to be filled in when	4b. Telephone No. 808-531-8361 Fax No. 808-524-2760
guarantee 3. Full nam Hawaii N 4a. Addres 677 Ala N 5. Full nam	ne of party filing charge (if labor organization, give full name lurses' Association as (street and number, city, State, and ZIP Code)  Moana Boulevard, Suite 301, Honolulu, HI 9681.  The of national or international labor organization of which it merican Nurses and American Nurses Association	is an affiliate or constituent unit (to be filled in when the constituent and the constituent of the constit	4b. Telephone No. 808-531-8361 Fax No. 808-524-2760 charge is filed by a labor organization)
guarantee 3. Full nam Hawaii N 4a. Addres 677 Ala N 5. Full nam United An	I declare that I have read the above charge and	is an affiliate or constituent unit (to be filled in when	4b. Telephone No. 808-531-8361 Fax No. 808-524-2760 charge is filed by a labor organization) cowledge and belief. ns Specialist
guarantee 3. Full nam Hawaii N 4a. Addres 677 Ala N 5. Full nam United An	ne of party filing charge (if labor organization, give full name lurses' Association as (street and number, city, State, and ZIP Code)  Moana Boulevard, Suite 301, Honolulu, HI 9681.  The of national or international labor organization of which it merican Nurses and American Nurses Association	is an affiliate or constituent unit (to be filled in when to be constituent unit (to be filled in when that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the best of my known that the statements are true to the statements are tr	4b. Telephone No. 808-531-8361 Fax No. 808-524-2760 charge is filed by a labor organization)
guarantee 3. Full nam Hawaii N 4a. Addres 677 Ala N 5. Full nam United A	I declare that I have read the above charge and	is an affiliate or constituent unit (to be filled in when the constituent and the constituent of the constit	4b. Telephone No. 808-531-8361 Fax No. 808-524-2760 charge is filed by a labor organization) cowledge and belief. ns Specialist

FORM NLRB-SON (6-07)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3512

DO NOT WRITE IN THIS SPACE			
Cano	Data Filed		
37-CA-7409	July 25, 2007		

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in form 1 with NLRB Regional Director for the region in which the alleged

1, EMPLOYE	R AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer  Casa de Folipe		b. Number of workers employed
c. Address (Street, city, state, and ZIP code) P.O. Box 500777 Saipan, MP 96950	d. Employer Reprosentative Pelipe Q. Atalig	e. Telephone No. (670) 233-1288 / 233-4021 Fax No.
Type of Establishment (factory, mine, wholesaler, etc.)     Subcontractor	g. Identity principal product or service operate a power plant in CNMI	(670) 233-4022
h. The above-named employer has engaged in and is engand (fist aubsections)  Unfair labor practices are practices affecting commerce commerce within the meaning of the Act and the Pasta  2. Basis of the Charge (set forth a clear and concise statement)	within the meaning of the Act, or these unfeir Reorganization Act.	of the National Lebor Relations Act, and these labor practices are unfair practices affecting
Within the past six months, the above-mentioned E		hinst employee (b) (6), (b) (7)(C)
3. Full name of party filing charge (if labor ofganization, given (b) (6), (b) (7)(C)	full name, including local neme and number)	
(b) (6), (b) (7)(C)		4b. Telephone No. (b) (6), (b) (7)(C)  Fax No.  Nunc
5. Full name of national or international labor organization organization)  (b) (6), (b) (7)(C)  o above charge charge	6. DECLARATION and the statements are true to the beginning to the beginning of the statements are true to the statements are	nest of my knowledge and belief.  Individual (Printhypo name and site of office, if any)

INTERNET FORM NLR8-501 (9-07)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE				
Case 37-CA-7427	Date Filed September 12, 200	7		

STRUCTIONS:
a an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged

		HT	
Name of Employer Kaiser Permanente Health Plan		b. Number of workers employed approx. 4000	
Address (Street, city, state, and ZIP code) 711 Kapiolani Blvd Honolulu, HI 96813	d. Employer Representative Winona White	e. Telephone No. 432-5340 Fax No. 432-5349	
Type of Establishment (factory, mine, wholesaler, etc.) Health Care	g. Identify principal product or service Health Insurance and Medical	U. i	
The above-named employer has engaged in and is eng and (list subsections) 158 unfair labor practices are practices affecting commerce commerce within the meaning of the Act and the Postal	within the meaning of the Act, or these un	of the National Labor Relations Act, and thes	
I am a(b) (6), (b) (7)(C) and the (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (b) (6), (b) (7)(C) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	n activity per our contract, however, a seer upon my computer monitor, and I swide me with work station that is mor in 3 mos of service) were given more of	e suitable for the billing work that I do. hoice and private work stations. In the	
Aside, from being a (b) (6). (b) (7) (c) in my respective in which i was recently moved from back in Januar (b) (6), (b) (7) (c) I am also, active in the comparations monthly. I have noticed that on nearly exhave been retaliated and harassed by (b) (6). (b) (7) (c) 8 months. THE (b) (6), (b) (7) (c) 9 moved from back in Januar extraction and the second from t	ry, of this year (2007). However, I stiny's Workplace Safety Steering (WP very occasion in which I have attended in some way.  I salso in a least in the control of have had filed several and a Detition for a	S)Committee, and have to attend those of a WPS meeting (b) (6), (b) (7)(C) I This has been ongoing for more than  This has been ongoing for more than  Employers RHOLD (II)  Exaltrication of the control	
in which i was recently moved from back in Januar (b) (6), (b) (7)(C) I am also, active in the comparation meetings monthly. I have noticed that on nearly even have been retaliated and harassed by (b) (6), (b) (7)(C) 8 months. THE (b) (6), (b) (7)(C)	ry, of this year (2007). However, I stiny's Workplace Safety Steering (WP very occasion in which I have attended in some way.  I salso in a least in the control of have had filed several and a Detition for a	S)Committee, and have to attend those of a WPS meeting (b) (6), (b) (7)(C) I This has been ongoing for more than  I multiance with  Exalpre RHOL (a) (1)  Change in Mant in the d	
in which i was recently moved from back in Januar (b) (6), (b) (7)(C) I am also, active in the comparent meetings monthly. I have noticed that on nearly exhave been retaliated and harassed by (b) (6), (b) (7)(C) 8 months. THE (b) (6), (c) (7)(C) 8 months. THE (c) (6), (c) (6), (d)	ry, of this year (2007). However, I stingly's Workplace Safety Steering (WP very occasion in which I have attended in some way.  I steering to the steering to the steering in some way.  I steering to the	S)Committee, and have to attend those if a WPS meeting (b) (6), (b) (7)(C) I This has been ongoing for more than pliance with a Waiser's RHE (a) III serve grievances organize Change in Mynnt in the dient	

INTERNET FORM NLRB-501 (6-07)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT W	RITE IN THIS SPACE
Case	Date Filed
37-CA-7452	October 26, 2007

INSTRUCTIONS: 37-CA-7452 October 26, 2007

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged

1, EMPLOYE	ER AGAINST WHOM CHARGE IS BROUGHT	
Name of Employer Oaktree Capital Management, LLC, TBR Property Resort, and Benchmark Hospitality, Inc.	, LLC, a Single Employer d/b/a Turtle Bay	b. Number of workers employed
Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.
57-091 Kamehameha Hwy, Kahuku, HI 96731	Nancy Ramos, HR Director	808-293-6042 Fax No.
		808-293-2531
Type of Establishment (factory, mine, wholesaler, etc.) Hotel	g. Identify principal product or service Hotel Services	
The above-named employer has engaged in and is engand (list subsections) (3)  unfair labor practices are practices affecting commerce commerce within the meaning of the Act and the Posta	of the within the meaning of the Act, or these unfair labor	e National Labor Relations Act, and these
Within the past six months, the above-named Emp suspending and then terminating because of	loyer discriminated and retaliated against emp	loyee (b) (6), (b) (7)(C) by
		TOT DCT 26 PM 3 15 HOLLIN ILIL HAWAII
Full name of party filing charge (if labor organization, given (b) (6), (b) (7)(C)  a. Address (Street and number, city, state, and ZIP code)	e full name, including local name and number)	4b. Telephone No.
		(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)		Fax No. None
Full name of national or international labor organization organization)	of which it is an affiliate or constituent unit (to be filled	I in when charge is filed by a labor
(b) (6), (b) (7)(C)	6. DECLARATION and that the statements are true to the best of	f my knowledge and belief,  Individual  (Print/type name and title or office, if any)
ddress Same as Box 4a	(fax) None Same as Box 41	10-26-0
Dame as Dux 14	Same as Box 41	

11-07-07 09:34 Pg: 2/2

FORM NLRB-801 (9-07)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.B.C 3512
DO NOT WRITE IN THIS SPACE	
Case	Date Filed
37-CA-7456	November 7, 2007

INST	RH	cn	ION.	8:

Name of Employer  The Queen's Medical Center  Address (Street, city, state, and ZIP code)  301 Punchbowl Street  pnolulu, Hawaii 96813	I. Employer Representative Richard Oshiro Coordinator, Labor Relati J. Identify principal product or service Healthcare	b. Number of workers employed  3,000+  e. Telephone No.  ( ) -808-538-9011  Fax No.  ( ) 808-547-4646
The Queen's Medical Center  Address (Street, city, state, and ZIP code)  301 Punchbowl Street  pnolulu, Hawaii 96813  Type of Establishment (factory, mine, wholesaler, etc.)  Hospital  The above-named employer has engaging in and is engaging in-	Richard Oshiro Coordinator, Labor Relati Mentify principal product or service Healthcare	3,000+ e. Telephone No. () -808-538-9011 FEX No.
Address (Street, city, state, and ZIP code)  301 Punchbowl Street  bnolulu, Hawaii 96813  Type of Establishment (factory, mine, wholesaler, etc.)  Hospital  The above named employer has engaging in and is engaging in-	Richard Oshiro Coordinator, Labor Relati Mentify principal product or service Healthcare	e, Telephone No. ( ) -808-538-9011
301 Punchbowl Street pnolulu, Hawaii 96813  Type of Establishment (factory, milne, wholesaler, etc.)  Hospital  The above named employer has engaging in and is engaging in-	Richard Oshiro Coordinator, Labor Relati Mentify principal product or service Healthcare	( ) -808-538-9011 Fax No.
onolulu, Hawaii 96813.  Type of Establishment (factory, mine, wholesaler, etc.) g  Hospital  The above named employer has engaging in and is engaging in a	Coordinator, Labor Relati  Identify principal product or service  Healthcare	Fax No.
onolulu, Hawaii 96813.  Type of Establishment (factory, mine, wholesaler, etc.) g  Hospital  The above named employer has engaging in and is engaging in a	Coordinator, Labor Relati  Identify principal product or service  Healthcare	
Type of Establishment (factory, mine, wholesaler, etc.) g  Hospital  The above named employer has engaged in and is engaging in-	Healthcare	( ) - 508-547-4040
The above-named employer has engaged in and is engaging in	Healthcare	
I he above named employer has engaged in and is engaging in- subsections)	unfailr labor practices within the meaning of a	
		ection 8(a), subsections (1) and (ket abor Relations Act, and these unfair lab
practices are practices affecting commerce within the meaning of within the meaning of the Act and the Postal Reorganization Act	of the Act, or these unfair labor practices are to	unfair practices affecting commerce
Basis of the Charge (set forth a clear and concise statement of t	the facts constituting the alleged unfair labor.	practices)
The Employer refused to provide timely interviews that it conducted with barg members to meet and meaningfully confeduring those interviews.	gaining unit members and re	efused to allow those
		aborações
·.		\$ .
,		•••••
		- >
Full name of party filing charge (if labor organization, give full na	ame. Including local name and number)	
Hawaii Nurses' Association		
. Address (Street and number, city, state, and ZIP ∞de)		4b. Telephone No.
677 Ma. Moana Plust Smith 201 Bone	olula Parali 06813	<sup>()</sup> 808–531–1628
677 Ala Moana Blvd., Suite 301, Hono	Jiulu, nawali 90013	Fax No
		( ) 808-524-2760
		ad in when chame is filed by a labor
Full name of national or international labor organization of which	th it is an affiliate or constituent unit (to be fill	ou ill witton charge is liled by a MDDI
ganization)	•	on ill Alleli cilaide is illen nà a mpol
Full name of national or international labor organization of whic ganization)  United American Nurses, AFL—	•	ou iii whoii charge is ilieu by a Mbol
and the second s	CIO 6. DÉCLARATION	<u> </u>
United American Nurses, AFL	CIO 6. DÉCLARATION	of my knowledge and belief.
United American Nurses, AFI	CIO 6. DÉCLARATION	of my knowledge and belief. Linda M. Aragon, Esq.
United American Nurses, AFL	CIO 6. DÉCLARATION	of my knowledge and belief.  Linda M. Aragon, Esq.  (Printrype name and the or office, if a

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PLAISHED BY FINE AND IMPRISONMENT (U.B. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

FORM NLRB-501

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

TOKM EXEMPT DINDER 44 0.5,0 0012	
DO NOT WRITE IN THIS SPACE	
Date Filed November 14, 2007	

INSTRUCTIONS:

	AGAINST WHOM CHARGE IS BROUGH	
a. Name of Employer Hilton Hawaiian Village Beach Resort & Spa		b. Number of workers employed Apx. 1400
Address (Street, city, stale, and ZIP code)	d. Employer Representative	e. Telephone No. (808-949-4321
2005 Kalia Road, Honolulu, HI 96815	Judy Walker, Director of HR	Fax No. (808-947-7904
Type of Establishment (factory, mine, wholesaler, etc.) Hotel	<ul> <li>g. Identify principal product or service</li> <li>Lodging, Food Service and Recr</li> </ul>	eation
<ul> <li>The above-named employer has engaged in and is engag subsections)</li> </ul>		
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization	ming of the Act, or these unfair labor practices a	Labor Relations Act, and these unfair labor re unfair practices affecting commerce
		HOHO!
3. Full name of party filing charge (if labor organization, give	e full name, including local name and number)	OF CHEE HOLD AND THE TOTAL MON. I HE TOTAL MON.
(b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code)	o full name, including local name and number)	
(b) (6), (b) (7)(C)  4a. Address (Street and number, city, state, and ZIP code)  (b) (6), (b) (7)(C)		4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -
4a. Address (Street and number, city, state, and ZIP code)  (b) (6), (b) (7)(C)  5. Full name of national or international labor organization of	of which It is an affiliate or constituent unit (to be	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -  filled in when charge is filed by a labor  est of my knowledge and belief. (b) (6), (b) (7)(C) an Individual
(b) (6), (b) (7)(C)  4a. Address (Street and number, city, state, and ZIP code)  (b) (6), (b) (7)(C)  5. Full name of national or international labor organization organization)  (c) (6), (b) (7)(C) read the above charge	of which It is an affiliate or constituent unit (to be	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -  filled in when charge is filed by a labor  est of my knowledge and belief.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the imformation are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

INTERNET FORM NLRB-501

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

FORM EXEMPT UNDER 44 U.S.C. 3512

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
37-CA-7467	November	21,	2007

#### INSTRUCTIONS:

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice

1. EMPLOYE	R AGAINST WHOM CHARGE IS BROUGHT	r
a. Name of Employer The Tlikai Hotel		b. Number of Workers Employed Approx, 150
	Total Constant Parameters	
c. Address (street, city, State, ZIP, Code)	d. Employer Representative	e. Telephone No. (808) 944-6344
1777 Ala Moana Boulevard Honolulu HI 96815	Brian Anderson	Fax No. (808) 944-6346
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify Principal Product or Service	
Hotel	Lodging, food service and rec	reation
h. The above-named employer has engaged in and is engaging subsections) N/A	in unfair labor practices within the meaning of S	Section B(a), subsections (1) and (list Labor Relations Act, and these unfair labor
practices are unfair practices affecting commerce within the	meaning of the Act.	•

Within the past six months and thereafter, the above named employer, by its agents and/or supervisors, has interfered with, restrained and coerced employees in the exercise of their rights guaranteed in Section 7 of the Act. The employer's notice to employees

about the employee handbook reiterates rules found by the NLRB to interfere with workers' rights under the Act while not providing

amended replacement provisions as promised. Through this notice, the employer continues to confuse and intimidate workers in violation of the Act. This notice also violates the NLRB settlement agreement agreed upon by the parties.

By the above and other acts, the above-named employer has interfered with, guaranteed in Section 7 of the Act.	restrained, and coerced employe	es in the exercise of the rights
<ol> <li>Full name of party filing charge (if labor organization, give full name, including local UNITE HERE! Local 5</li> </ol>	l name and number)	
4a. Address (street and number, city, State, and ZIP Code) 1050 Queen Street, Suite 100		4b. Telephone No. (808) 941-2141
Honolulu, Hawaii 96814		Fax No. (808) 941-2166
<ol><li>Full name of national or International labor organization of which it is an affiliate or UNITE HERE!</li></ol>	constituent unit (to be filled in when	charge is filed by a labor organization)
6. DECLARAT		nowledge and belief.
By January		use Counsel
(Signature of representative or person making charge)	Fax No. (808) 941-	(Title,if any)
Address 1050 Queen Street, Ste. 100, Honolulu, HI 96814	(808) 941-214	November 21, 2007
7,001000	(Telephone No.	) Date

FORM NLRB-501 (6-07)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

IN THIS SPACE
Date Filed
December 12, 2007

		b. Number of wo	rkers em	nployed
a. Name of Employer  Tesoro Hawaii Corporation		100+		
		1005		
Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No		47-3111
91-325 Komohana Street, Kapolei, HI 96707	Doreen Bartels, Labor Relations Specialist	808-286-5515 or 547-3111 Fax No. 808-547-3145		
Type of Establishment (factory, mine, wholesaler, etc.) Petroleum Refinery	g. Identify principal product or service Gasoline			
The above-named employer has engaged in and is engand (list subsections) (1) unfair labor practices are practices affecting commerce within the meaning of the Act and the Posta	of within the meaning of the Act, or these unfair labor	the National Labor Rela	ations Ac	
Basis of the Charge (set forth a clear and concise statement on or about (b) (6), (b) (7)(C) 2007, the above-mention	ned Employer, by its(b) (6), (b) (7)(C)	, coerce		issuaded
employee (b) (6), (b) (7)(c) from seeking Union represe	entation with regard to a disciplinary action t	hat was taken by the	Emplo	yer agam
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		The state of the s	2 MIII: 29	137
8. Full name of party filing charge (if labor organization, give	e full name, including local name and number)	energy weekly		137
f. Full name of party filing charge (if labor organization, give United Steel Workers, Local 12-591	e full name, including local name and number)	The state of the s		1.37
United Steel Workers, Local 12-591  la. Address (Street and number, city, state, and ZIP code)	e full name, including local name and number)	4b. Telephone No. 808-554-543	M II: 29	137
United Steel Workers, Local 12-591	e full name, including local name and number)		M II: 29	137
United Steel Workers, Local 12-591 la. Address (Street and number, city, state, and ZIP code) 1408 Kaweloka Street, Pearl City, HI 96782  5. Full name of national or international labor organization organization)		808-554-543 Fax No. None	M 11: 29	
la. Address (Street and number, city, state, and ZIP code)	of which it is an affiliate or constituent unit <i>(to be fil</i>	808-554-543 Fax No. None	M 11: 29	
United Steel Workers, Local 12-591  Ia. Address (Street and number, city, state, and ZIP code)  1408 Kaweloka Street, Pearl City, HI 96782  5. Full name of national or international labor organization organization)  United Steel Workers International		808-554-543 Fax No. None led in when charge is fine t of my knowledge ar (b) (6), (b)	36 cell	labor
United Steel Workers, Local 12-591  la. Address (Street and number, city, state, and ZIP code)  1408 Kaweloka Street, Pearl City, HI 96782  5. Full name of national or international labor organization organization)  United Steel Workers International	of which it is an affiliate or constituent unit <i>(to be fil</i> 6. DECLARATION	808-554-543 Fax No. None led in when charge is fin	36 cell	labor

FORM NLRB-501

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

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DO NOT W	DO NOT WRITE IN THIS SPACE		
Case 37-CA-7496	Date Filed December 20, 2007		

STRUCTIONS:

Name of Employer	AGAINST WHOM CHARGE IS BROUG	b. Number of workers employed	
A Name of Employer	a. Name of Employer		
UNITE HERE! Local 5		40	
UNITE HERE! Local 5			
Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.	
1050 Queen Street, Suite 100,	Eric Gill	(80)89412141 Fax No.	
Honolulu, HI 96814		(8089412166	
Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service		
Labor Organization	Labor Organization		
. The above-named employer has engaged in and is engagin			
subsections)		nal Labor Relations Act, and these unfair labor	
within the meaning of the Act and the Postal Reorganization		s are uman practices anecting commerce	
		labar a various)	
Basis of the Charge (set forth a clear and concise statement	nt of the facts constituting the alleged unitair	abor practices)	
Vithin the past six months, the above named En	nployer terminated (b) (6), (b) (7)(c) beca	use of protected concerted activity	
	200.00.00.00.00.00.00.00.00.00.00.00.00.	And the second second second second	
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		1900 Jan 1900	
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		11:17	
[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	full name, including local name and number	1:17	
8. Full name of party filing charge (if labor organization, give	full name, including local name and number)	1:17	
(b) (6), (b) (7)(C)	full name, including local name and number)	1:17	
(b) (6), (b) (7)(C)  a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	1: 17	
(a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4b. Telephone No. (b) (6). (b) (7)(C)  Fax No.	
(b) (6), (b) (7)(C)  a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)  (a. Address (Street and number, city, state, and ZIP code)  (b) (6), (b) (7)(C)  (c)  (d)  (e)  (e)  (f)  (f)  (f)  (f)  (f)  (f		4b. Telephone No. (b) (6), (b) (7)(c)  Fax No. ( ) -	
(b) (c), (b) (7)(c)  a. Address (Street and number, city, state, and ZIP code)  (b) (6), (b) (7)(C)  5. Full name of national or international labor organization of		4b. Telephone No. (b) (6), (b) (7)(c)  Fax No. ( ) -	
(b) (c), (b) (7)(c)  a. Address (Street and number, city, state, and ZIP code)  (b) (6), (b) (7)(C)  5. Full name of national or international labor organization of		4b. Telephone No. (b) (6), (b) (7)(c)  Fax No. ( ) -	
(a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)  5. Full name of national or international labor organization of organization)	which it is an affiliate or constituent unit (to	4b. Telephone No. (b) (6). (b) (7)(C)  Fax No. ( ) be filled in when charge is filed by a labor	
(b) (6), (b) (7)(c)  Sa. Address (Street and number, city, state, and ZIP code)  (b) (6), (b) (7)(C)  So. Full name of national or international labor organization of organization)	which it is an affiliate or constituent unit (to	4b. Telephone No. (b) (5), (b) (7)(C)  Fax No. ( ) -  be filled in when charge is filed by a labor  best of my knowledge and belief.	
(a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)  5. Full name of national or international labor organization of organization)  (b) (6), (b) (7)(C)  above charge	which it is an affiliate or constituent unit (to	4b. Telephone No. (b) (6). (b) (7)(C)  Fax No. ( ) be filled in when charge is filed by a labor	
(a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)  5. Full name of national or international labor organization of organization)	which it is an affiliate or constituent unit (to	4b. Telephone No. (b) (6), (b) (7)(c)  Fax No. ( ) -  be filled in when charge is filed by a labor  best of my knowledge and belief.	
(b) (6), (b) (7)(c)  4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)  5. Full name of national or international labor organization of organization)  (b) (6), (b) (7)(C)  above charge	which it is an affiliate or constituent unit (to	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -  be filled in when charge is filed by a labor  best of my knowledge and belief. (b) (6), (b) (7)(C) an Individual	
(a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)  5. Full name of national or international labor organization of organization)	which it is an affiliate or constituent unit (to a 6. DECLARATION and that the statements are true to the	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -  be filled in when charge is filed by a labor  best of my knowledge and belief. (Print/lype name and little or office, if any)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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FORM NLRB-501 (9-07)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT W	DO NOT WRITE IN THIS SPACE		
37-CA-7497	Date Filed December 20, 2007		

STRUCTIONS:

an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged air labor practice occurred or is occurring.

air labor practice occurred or is occurring.  1. FMPLOYER	AGAINST WHOM CHARGE IS BROUGHT		
a. Name of Employer  UNITE HERE! Local 5		b. Number of workers employed	
		40	
Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.	
1050 Queen Street, Suite 100, Honolulu, HI 96814	Eric Gill	(8989412141 Fax No. (8989412166	
Type of Establishment (factory, mine, wholesaler, etc.)  Labor Organization	g. Identify principal product or service Labor Organization	(0,000412100	
The above-named employer has engaged in and is engag subsections)	시구하다 시교사 보기가 지역하셨습니까 얼마 여러가 됐었다. 그래요?	25. 마스타일 하시아 아이를 모임하게 하는데 이렇게 되었다.	
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization	aning of the Acl, or these unfair labor practices are	Labor Relations Act, and these unfair labor a unfair practices affecting commerce	
Basis of the Charge (set forth a clear and concise stateme		r practices)	
Dadis of the Official Section of the Great Sections	on an analysis of the state of	, pradatody	
Within the past six months, the above named E	mployer terminated (b) (6), (b) (7)(C) because	ause of protected concerted	
activity.			
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Full name of party filing charge (if labor organization, give	e full name, including local name and number)	The second secon	
(b) (6), (b) (7)(C)		= co 23	
4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)		4b. Telephone No. (b) (6), (b) (7)(C)	
		Fax No.	
		( ) -	
. Full name of national or international labor organization organization)	of which it is an affiliate or constituent unit (to be fi	illed in when charge is filed by a labor	
	C. DECLADATION		
$(b)\ (6),\ (b)\ (7)(C)$ te above charge	<ol><li>DECLARATION and that the statements are true to the best</li></ol>		
		(b) (6), (b) (7)(C) an Individual	
charge)			
	May 1	(Print/type name and title or office, if any)	
same as 4a.	(fax) ( <u>) -</u> (same as 4b		

# WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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